

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1058396

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9						
10		1				
11	1	.				
12	1					
13						
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16	2					
17	2					
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21	1					
22	1					
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49						
50			1			
TOTAL IND.						
TOTAL DEP.			3			
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.			3			
TOTAL CLAIMS						